

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ADDRESS INFORMATION REQUEST	CASE NO.
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TO: **POSTMASTER**

Please furnish this agency with the new address, if available, for the following individual or verify whether the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Name and last known address

I certify that the address information requested for the individual named above is required for the performance of this agency's official duties as the Friend of the Court.

Date	Signature of agency official	Name (type or print)	Title
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FOR POST OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Mail delivered to address given. | <input type="checkbox"/> New address _____ |
| <input type="checkbox"/> Not known at address given. | _____ |
| <input type="checkbox"/> Moved, left no forwarding address. | <input type="checkbox"/> Boxholder's street address _____ |
| <input type="checkbox"/> No such address. | _____ |
| <input type="checkbox"/> Other (specify) _____ | |

Agency return address:

POSTMARK/DATE STAMP